

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*423746*  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		1		
4		3		1		
5		4		1		
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TOTAL IND.	2		1			
TOTAL DEP.	8		9			
TOTAL CLAIMS	10		10			

	IND.		DEP.		IND.		DEP.	
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